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Message Text

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ACTION SNM-05

INFO OCT-01 EUR-12 ISO-00 L-03 PPTE-00 CA-01 SCS-06
DEAE-00 IO-14 HEW-06 CIAE-00 INR-10 JUSE-00
NSAE-00 CTME-00 TRSE-00 ICA-20 NSC-05 OES-09
OMB-01 MED-05 /098 W
----------066662 211730Z /46
P 211640Z AUG 78
FM AMEMBASSY LONDON
TO SECSTATE WASHDC PRIORITY 9352

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E.O. 11652: N/A
TAGS: SNAR, UK
SUBJECT: BRIEFING MATERIALS ON INTERNATIONAL
NARCOTICS CONTROL

REF: (A) STATE 202091; (B) STATE 210166

THE FOLLOWING IS THE TEXT OF THE EMBASSY'S PROPOSED
REDRAFT OF THE TEXT IN REF A.

BEGIN TEXT: ILLICIT DRUG PROBLEM. DRUG ABUSE IN
BRITAIN IS A GROWING SOCIAL PROBLEM, THOUGH NOT A
HIGHLY PUBLICIZED ONE. THERE IS NO EVIDENCE THAT
DRUG TRAFFICKING CAN BE LAID TO LARGE SCALE ORGANIZED
CRIME, BUT RATHER TO SMALL SYNDICATES.

THE UNITED KINGDOM IS A VICTIM COUNTRY AND TRANSIT
POINT FOR DRUGS, MAINLY FROM THE MIDDLE EAST TO NORTH
AMERICA. IT IS A TRANSIT POINT FOR HEROIN GOING TO
NORTH AMERICA FROM AMSTERDAM AND OTHER POINTS IN WESTERN
EUROPE. IT IS A TRANSIT POINT FOR HEROIN FROM THE FAR
EAST GOING TO CITIES IN WESTERN EUROPE, USUALLY AMSTER-
DAM OR BRUSSELS. THE U.K. HAS EIGHT SEPARATE INTER-
NATIONAL AIRPORTS, THE LARGEST IS LONDON HEATHROW.
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THE ROLE OF THE U.K. AS A VICTIM COUNTRY IS INCREASING
AS EVIDENCED BY SEIZURES OF HEROIN, MORPHINE, AND
CANNABIS WITH U.K. DESTINATIONS. AS VICTIM COUNTRIES,
THE UNITED KINGDOM AND THE REPUBLIC OF IRELAND CAN BE
ASSAULTED BY A WIDE VARIETY OF ROUTES AND METHODS.
THE MOST VISIBLE IS BY AIR FROM MID EASTERN AND NORTH

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AFRICAN SOURCES, AND BY VEHICLE FROM EUROPEAN SOURCES. CASES ARE BEING MADE ON TEAMS SMUGGLING FROM HOLLAND AND BELGIUM. AN EMERGING ROUTE IS SOUTHEAST ASIA-LONDON-NORTH AMERICA.

IT'S A FAIR ESTIMATE THAT THE EXTENT OF DRUG ABUSE IN THE UNITED KINGDOM IS NOT ASSESSABLE FOR TWO PARTICULAR REASONS: FIRST, THERE IS NO CENTRAL STATISTICAL REPORTING SYSTEM ON CONTACT WITH DRUG ADDICTS, (OTHER THAN "NOTIFIED" ADDICTS) BY THE POLICE, BY PUBLIC DRUG REHABILITATION CENTERS, OR BY PRIVATE CLINICS. SECOND, THERE IS INADEQUATE STATISTICAL REPORTING OF OVERALL NATION-WIDE DRUG SEIZURES OR OFFENSES. NOTIFIED ADDICTS ARE THOSE WHOSE DRUG OFFENSE HISTORY AND ATTEMPT AT REHABILITATION IS REGISTERED WITH THE HOME OFFICE BY THE DOCTOR TREATING THE ADDICT. BUT OTHER THAN THESE, AND THEY NUMBER ABOUT 3,000, THERE IS NO RECORD KEPT OF CONTACT WITH ADDICTS OUTSIDE THE SYSTEM. (DRUG USE, AS CONTRASTED TO POSSESSION, IS NOT AN OFFENSE IN THE U.K.)

IN RELATION TO THE INTERNATIONAL NARCOTICS CONTROL PROGRAM OF THE UNITED STATES, BRITISH GOVERNMENT INSTITUTIONS ARE COMMITTED TO AND ARE VERY CAPABLE OF MAINTAINING EFFECTIVE CONTROL OVER THE LEGAL PRODUCTION AND PROCESSING OF DRUGS, AND ARE STEADILY COMING TO
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GRIPS WITH THE ILLICIT TRAFFIC. BRITISH GOVERNMENT AGENCIES CONTINUE TO GIVE EFFECTIVE SUPPORT TO INTERNATIONAL OBJECTIVES OF INTERDICTING AND DETERRING THE ILLICIT TRAFFIC OF DRUGS DESTINED TO THE U.S. AND OTHER COUNTRIES.

WHILE PENALTIES ARE SUBSTANTIAL UNDER U.K. DRUG LEGISLATION, THERE IS A STRONG EMPHASIS ON EDUCATION AND PREVENTION. EXISTING LEGISLATION (A COMPREHENSIVE NEW LAW WAS ENACTED IN 1971) RECOGNIZES THAT PERSONS AFFECTED BY THE MISUSE OF DRUGS MUST BE HELPED TO OBTAIN ADVICE, TREATMENT, AND REHABILITATION. THE BRITISH ARE CONTINUING TO ENLARGE THEIR TREATMENT PROGRAMS, THE GENERAL POLICY OF WHICH IS TO WEAN THE ADDICT AWAY FROM HEROIN AND DRUG INJECTION AND ON TO METHADONE TAKEN ORALLY.

RESPONSIBILITY FOR NARCOTIC ENFORCEMENT IS DIVIDED BETWEEN FIFTY-THREE SEPARATE POLICE JURISDICTIONS AND WITH H.M. CUSTOMS AND EXCISE. COLLECTION OF UNIFORM

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NOTE BY OC/T: REFTELS NOT IDENTIFIED

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ACTION SNM-05

INFO OCT-01 EUR-12 ISO-00 L-03 HEW-06 MED-05 PPTE-00
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NSAE-00 CTME-00 TRSE-00 ICA-20 NSC-05 OES-09
OMB-01 /098 W
----------066733 211729Z /46
P 211640Z AUG 78
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STATISTICS IS DIFFICULT AND FRAGMENTED.

A NUMBER OF AGENCIES ASSIST IN CONTROLS OF ADDICT TREATMENT. THE MOST IMPORTANT IS THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, IN WHICH IS THE NATIONAL HEALTH SERVICE. THE ROLE OF THE DEPARTMENT IS LIMITED TO GRAND STRATEGY. THIS IS AS FAR AS CENTRAL GOVERNMENT CONTROL GOES.

THE ORGANIZATION OF THE NATIONAL HEALTH SERVICE INVOLVES TIERS OF LOCAL AUTHORITIES THAT COMBINE A DEMOCRATICALLY ELECTED ELEMENT WITH AN EXPERTAND PROFESSIONAL ONE. THESE ELEMENTS DECIDE PRIORITIES FOR ASSIL MENT OFRESOURCES TO HEALTH IENTES, INCLUDING ADDICTION TREATMENT CENTERS. TREATMENT CENTERS COME UNDER THE NATIONAL HEALTH SERVICE. RESPONSIBILITY FOR THEIR OPERATION IS WITH THE LOCAL HEALTH AUTHORITIES WITHIN THE SERVICE. THEREFORE, THERE IS NO NATIONAL GOVERNMENT CONTROL OVER THE NUTS AND BOLTS OF HOW THE CENTER IS RUN, NOR OVER CLINICAL JUDGMENT OF DOCTORS IN THE CENTERS. THE POLICY ADOPTED BY A PARTICULAR CENTER IS ENTIRELY A MATTER WITHIN THE JUDGMENT AND DISCRETION
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OF THE PHYSICIAN IN CHARGE. IT IS POSSIBLE, THEN, TO
FIND SOME CENTERS WHICH PRESCRIBE HEROIN; OTHERS WHICH
WILL NOT. SOME WHICH PROVIDE INJECTABLE METHADONE;
OTHERS WHICH PROVIDE METHADONE FOR ORAL USE. SO THERE
IS NO CENTRALDIRECTION OF TREATMENT POLICY EXCEPT AS
PROVIDED IN THE MISUSE OF DRUGS ACT OF 1971.

IN SHORT, THE LAWS GOVERNING PRESCRIPTION OF HEROIN AND
OTHER DANGEROUS DRUGS BY DOCTORS ARE THESE. ANY DOCTOR
MAY PRESCRIBE ANY CONTROLLED SUBSTANCE INCLUDING HEROIN
FOR MEDICAL REASONS OTHER THAN ADDICTION; E. G., TREAT-
MENT OF ORGANIC DISEASE OR INJURY. ANY DOCTOR MAY
PRESCRIBE ANY CONTROLLED DRUG TO AN ADDICT FOR HIS
ADDICTION EXCEPT HEROIN AND, CURIOUSLY, COCAINE.

THERE ARE TWO HUNDRED EIGHTY-FIVE DOCTORS WHO HOLD
SPECIAL LICENSES FROM THE HOME SECRETARY. THESE
DOCTORS ARE CAREFULLY VETTED BY THE HOME SECRETARY AND
ARE USUALLY SPECIALISTS IN THE FIELD OF TREATMENT.
THEY ARE SALARIED PHYSICIANS, ARE ON HOSPITAL STAFFS,
AND MAY PRESCRIBE HEROIN TO AN ADDICT FOR HIS ADDICTION.
THEREFORE, IF AN ADDICT IS ADDICTED TO HEROIN, HE WILL
BE UNABLE LEGALLY TO OBTAIN THE DRUG UNLESS HE ATTENDSA CENTER
WHERE THIS LICENSED DOCTOR IS WILLING TO SUPPLY
HIM. HE WILL THEN BE EXPECTED TO HAVE PSYCHIATIC
COUNSELING.

THE BRITISH COOPERATE CLOSELY WITH THE U.S. AND U.N.
DRUG CONTROL EFFORTS. THEY JOIN WITH THE U.S.AND THEY AS CO-SPONSORS
OF AMENDMENTS TO STRENGTHEN THE
SINGLE CONVENTION ON NARCOTIC DRUGS; AND IN JUNE W1978,
RATIFIED THE AMENDING POTOCOL. BRITAIN HAS NOT YET
SIGNED THE CONVENTITN ON PSYCHOTROPIC SUBSTANCES OF
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1971. BRITAIN'S CONTRIBUTIONS TO THE U.N. FUND
FOR DRUG ABUSE CONTROL ARE SUSPENDED AWAITING BRITISH
GOVERMENT DECISION.

U.S. PROGRAMS: OUR PROGRAMS CONTINUE TO EMPHASIZE
NARCOTICS ABUSE PROGRAMS WHICH CENTER ON THE DESIR-
ABILITY OF INCREASING PUBLIC AWARENESS OF DRUG ABUSE
CONTROL AND OFFICIAL AWARENESS OF THE NEED FOR HIGHER
PRIORITY FOR DRUG CONTROL; ON IMPROVING COOPERATION AND
EXCHANGE OF INFORMATION BETWEEN THE U.S. AND LOCAL EN-
FORCEMENT OFFICIALS; AND ON OBTAINING SUPPORT FOR
INTERNATIONAL NARCOTICS PROGRAMS AND INITIATIVES. THE

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PROGRAM STRATEGY ENVISAGES A BROAD RANGE OF INFORMATIONAL DIPLOMATIC AND COOPERATIVE ACTIVITIES. TWO AMERICAN DEA REPRESENTATIVES AND TWO U.S. CUSTOMS REPRESENTATIVES ARE ATTACHED TO OUR EMBASSY IN LONDON AND MAINTAIN CLOSE LIAISON WITH THEIR BRITISH COUNTERPARTS.

THE U.K. COOPERATES FULLY IN EXTRADITION AND EXPULSION OF DRUG TRAFFICKERS.

THE MISUSE OF DRUGS ACT IN 1971 IS THE BASIC DRUG ENFORCEMENT LAW IN THE U.K. IT IS CONSIDERED BY BRITISH LAW ENFORCEMENT AUTHORITIES AND U.S. DEA AND CUSTOMS OFFICIALS TO BE SATISFACTORILY STRICT. ITS ENFORCEMENT IS CONSIDERED ACTIVE ENOUGH TO HAVE DETERRENT EFFECT ON POTENTIAL DRUG TRAFFICKERS. END OF TEXT STREATOR

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Message Attributes

Automatic Decaptioning: X
Capture Date: 01 jan 1994
Channel Indicators: n/a
Current Classification: UNCLASSIFIED
Concepts: NARCOTICS, BRIEFING MATERIALS
Control Number: n/a
Copy: SINGLE
Draft Date: 21 aug 1978
Decaption Date: 01 jan 1960
Decaption Note:
Disposition Action: n/a
Disposition Approved on Date:
Disposition Case Number: n/a
Disposition Comment:
Disposition Date: 01 jan 1960
Disposition Event:
Disposition History: n/a
Disposition Reason:
Disposition Remarks:
Document Number: 1978LONDON13480
Document Source: CORE
Document Unique ID: 00
Drafter: n/a
Enclosure: n/a
Executive Order: N/A
Errors: N/A
Expiration:
Film Number: D780341-0554
Format: TEL
From: LONDON
Handling Restrictions: n/a
Image Path:
ISecure: 1
Legacy Key: link1978/newtext/t19780843/aaaabjjf.tel
Line Count: 241
Litigation Code IDs:
Litigation Codes:
Litigation History:
Locator: TEXT ON-LINE, ON MICROFILM
Message ID: 93d95160-c288-dd11-92da-001cc4696bcc
Office: ACTION SNM
Original Classification: UNCLASSIFIED
Original Handling Restrictions: n/a
Original Previous Classification: n/a
Original Previous Handling Restrictions: n/a
Page Count: 5
Previous Channel Indicators: n/a
Previous Classification: n/a
Previous Handling Restrictions: n/a
Reference: 78 STATE 202091, 78 STATE 210166
Retention: 0
Review Action: RELEASED, APPROVED
Review Content Flags:
Review Date: 16 may 2005
Review Event:
Review Exemptions: n/a
Review Media Identifier:
Review Release Date: n/a
Review Release Event: n/a
Review Transfer Date:
Review Withdrawn Fields: n/a
SAS ID: 1679149
Secure: OPEN
Status: NATIVE
Subject: BRIEFING MATERIALS ON INTERNATIONAL NARCOTICS CONTROL
TAGS: SNAR, UK
To: STATE
Type: TE
vdkvgwkey: odbc://SAS/SAS.dbo.SAS_Docs/93d95160-c288-dd11-92da-001cc4696bcc
Review Markings:
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Markings: Sheryl P. Walter Declassified/Released US Department of State EO Systematic Review 20 Mar 2014

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